471-000-70 Nebraska Medicaid Billing Instructions for Medicare Crossover Claims

The term "Medicare Crossover Claim" describes a claim received by Nebraska Medicaid that was previously processed and approved or paid by Medicare. Nebraska Medicaid regulations allow payment of coinsurance and deductible on Medicare crossover claims. Regulations for third party payments are covered in 471 NAC 3-000.

Medicaid clients may be covered under Medicare Part A and/or Medicare Part B. The instructions in this appendix apply to billing for services provided to Medicaid-eligible clients who are also eligible for Medicare coverage.

Providers may verify a client's Medicare coverage from –

1. The client's monthly Nebraska Medicaid Card or Nebraska Health Connection ID Document. For explanation and examples, see 471-000-123;
2. The Nebraska Medicaid Eligibility System (NMES) voice response system. For instructions, see 471-000-124; or
3. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.

CLAIMS FOR INDIVIDUALS WITH MEDICARE COVERAGE

Medicare Non-Covered Services: Claims for services excluded from Medicare coverage are not considered Medicare crossover claims. Providers may submit claims for Medicare non-covered services to Nebraska Medicaid without submitting the claim to Medicare. Nebraska Medicaid billing instructions must be used.

Medicare-Covered Services: Claims for Medicare-covered services must be submitted to Medicare prior to consideration by Medicaid. Medicare will either approve or deny the service.

Services approved by Medicare are processed by Nebraska Medicaid as crossover claims.

- If Medicare coinsurance and deductible amounts are paid in full, no payment from Nebraska Medicaid will be made. The provider should not submit the claim to Medicaid for further payment.

- If Medicare coinsurance and deductible amounts are due, the claim may be submitted to Nebraska Medicaid as a Medicare crossover claim. (See "How to Submit Medicare Crossover Claims".) Nebraska Medicaid will pay the Medicare coinsurance and deductible amounts unless the client has applicable third party resources (e.g., Medicare supplemental, private health/casualty insurance). In this situation, the claim must be submitted to the third party payer before Medicaid consideration of payment.

Services denied by Medicare are never processed as Medicare crossover claims.

- If the service is denied because Medicare documentation, medical necessity, or similar requirements were not met, the claim can not be paid by Nebraska Medicaid.

- If the service is denied as non-covered, the claim may be submitted to Nebraska Medicaid as described above under "Medicare Non-Covered Services."

Note: For clients who do not have Medicare Part A coverage or who have exhausted Medicare Part A benefits, all Medicare Part B covered services must be submitted to Medicare prior to billing Medicaid for inpatient hospital services.

HOW TO SUBMIT MEDICARE CROSSOVER CLAIMS

Medicare crossover claims may be automatically forwarded to Nebraska Medicaid from the Medicare Carrier or Intermediary or may be submitted to Nebraska Medicaid by the provider.

Crossover Claims Forwarded by Medicare: Crossover claims are forwarded to Nebraska Medicaid when the Medicare Carrier or Intermediary is one with whom Nebraska Medicaid exchanges Medicaid client eligibility data and Medicare matches the client with the Medicaid data.

Crossover Claims Submitted by the Provider: The provider may use the following methods to submit crossover claims directly to Nebraska Medicaid –

1. Submit the claim using the standard electronic Institutional or Professional Health Care Claim (ASC X12N 837) to Nebraska Medicaid with the Medicare coordination of benefits segments populated. (For instructions on submitting electronic claims, see 471-000-50); or

2. Submit a copy of the paper claim (CMS-1500 or CMS-1450) initially submitted to Medicare with an attached copy of the Medicare remittance advice. Do not alter the claim data as submitted to Medicare, with the following exception: add the client's 11-digit Medicaid identification number and the Medicaid provider number in the appropriate fields. Submit to:

   Medicaid Claims Processing
   Health and Human Services Finance and Support
   P. O. Box 95026
   Lincoln, NE 68509-5026

Note to Pharmacies: Claims for Medicare-covered drug products submitted to the Medicare DME Regional Carrier (DMERC) in NCPDP format will not be forwarded to Medicaid as crossover claims. Pharmacies must submit a paper CMS-1500 claim to Nebraska Medicaid with the attached Medicare remittance advice to receive Medicaid payment of coinsurance and deductible for these claims. Claims for medical equipment and supplies submitted to the DMERC on the professional claim (CMS-1500 or ASC X12N 837) will continue to be forwarded to Nebraska Medicaid as crossover claims.

NEBRASKA MEDICAID CLAIM INQUIRIES

The status of Nebraska Medicaid claims can be obtained by using the standard electronic Health Care Claim Status Request and Response transaction (ASC X12N 276/277). For electronic transaction submission instructions, see 471-000-50.

Providers may also contact Medicaid Inquiry at 1-877-255-3092 or 471-9128 (in Lincoln) from 8:00 a.m. to 5:00 p.m. Monday through Friday.

MEDICARE CARRIERS AND FISCAL INTERMEDIARIES

Medicare Carriers and Fiscal Intermediaries designated for Nebraska are listed below. Claims for services provided outside Nebraska are processed by the Medicare Carrier or Fiscal Intermediary designated for the state or area and can be found on the Centers for Medicare and Medicaid Services (CMS) web site at: http://www.cms.hhs.gov.

Part A Fiscal Intermediaries: Blue Cross Blue Shield of Nebraska, Blue Cross Blue Shield of Kansas, Mutual of Omaha Insurance Companies

Part A Regional Home Health Intermediary: Cahaba Government Benefits Administrator

Part B Carriers: Blue Cross Blue Shield of Kansas

Part B Durable Medical Equipment Regional Carrier (DMERC): CIGNA (Connecticut General Life Insurance Company)

Railroad Retirement Beneficiaries: Palmetto Government Benefits Administrator